

Case Number:	CM14-0035304		
Date Assigned:	06/23/2014	Date of Injury:	05/09/2013
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 41-year-old gentleman who injured his right shoulder in a work related accident on 05/09/13. The records provided for review document that on 03/04/14 the claimant was certified to undergo right shoulder diagnostic arthroscopy with debridement, acromioplasty, distal clavicle recession and Bankart repair. An additional request pertaining to the surgery was for ten days of perioperative oral antibiotic use with Levaquin. No other records pertinent to the request for Levaquin were provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Levaquin 750mg for 10 days # 29 (preoperative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, Quinolones, pages 192-196 table 15B, ODG-TWC Infectious Diseases Procedure summary last updated 06/28/2013 and Mosbeys' Drug Consul last updated 11/25/2011, Levofloxacin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure - Levofloxacin (Levaquin®) Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). See Bone & joint infections: osteomyelitis, acute; Lower respiratory infections: chronic bronchitis; & Lower respiratory infections: pneumonia (CAP).

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the use of this medication. Based upon the Official Disability Guidelines, the request for Levaquin orally would not be indicated. The Official Disability Guidelines recommend the use of Levaquin as first line treatment for osteomyelitis, chronic bronchitis and pneumonia. The records provided for review do not contain any medical documentation that indicates the claimant has any of these three diagnoses. Antimicrobial therapy for perioperative use would include typically IV medications in the cephalosporin family. There is no documentation that this claimant has a drug allergy to cephalosporin. Typically quinolones do not give superior prophylactic coverage except in urology related procedures. There would be no indication for the oral use of Levaquin as requested in relationship to the claimant's right shoulder surgical process based on the documentation provided for review. Therefore the requested Levaquin 750mg for 10 days # 29 (preoperative) is not medically necessary and appropriate.